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Bib Data Sheet

SERIAL NUMBER 10/657,079	FILING DATE 09/09/2003 RULE	CLASS 434	GROUP ART UNIT 3714	ATTORNEY DOCKET NO. IMMR023/03US
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APPLICANTS

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** CONTINUING DATA *****

This application is a DIV of 09/237,969 01/27/1999
 which claims benefit of 60/072,672 01/28/1998
 and claims benefit of 60/105,661 10/26/1998
 and claims benefit of 60/116,545 01/21/1999

yes JZL

** FOREIGN APPLICATIONS *****

no JZL

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/01/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>JZL</i> initials	STATE OR COUNTRY VA	SHEETS DRAWING 14	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 4
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 20190-5061

TITLE

Interface device and method for interfacing instruments to medical procedure simulation systems

☐ All Fees

<p>FILING FEE</p> <p>RECEIVED</p> <p>870</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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